

**NOTICE OF PRIVACY PRACTICES
CITY OF LINCOLN,
AMBULANCE SERVICE
(Effective September 1, 2003, until amended)**

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

Under federal and state law, the City must afford you certain privacy protections with respect to "Protected Health Information" (PHI) received in relation to the City providing you ambulance services. PHI is information about you, including demographic information, that may identify you and that relates to your past, present or future physical or mental health or condition and related health care services. This Notice of Privacy Practices summarizes how the City of Lincoln may use or disclose your PHI. This notice also describes your rights to access and amend your health information, and other rights you have under the law.

We are required to abide by the terms of this Notice of Privacy Practices. We may change the terms of our notice at any time. The new notice will be effective immediately, and will apply to all PHI maintained by the City at that time.

We are required by law, in certain circumstances, to ask you to provide a signed acknowledgment of receipt of this notice. The delivery of your health care services will in no way be conditioned upon your agreement to sign the acknowledgment. If you decline to provide a signed acknowledgment, we will continue to provide you treatment and will use and disclose your PHI for treatment, payment or health care operations, and as otherwise discussed herein.

USE AND DISCLOSURE OF PHI WITHOUT YOUR AUTHORIZATION

- a. Treatment. We may use or disclose PHI about you for purposes of providing or facilitating treatment. For example, health information obtained by a paramedic or EMT in the course of providing you ambulance service will be shared with other emergency personnel from the City of Lincoln or with personnel from another ambulance service if doing so is believed to further your treatment. This sharing of information may be in person, via the radio, via telephone, or otherwise. Your PHI will also be shared with appropriate hospital personnel for purposes of allowing them to take over your treatment.
- b. Payment. We may use or disclose PHI about you to obtain payment for health care services. This may include forwarding a copy of the record documenting the treatment we provided for you to an insurance company who asks to see that record for purposes of determining whether to pay your bill. These payment related activities may be made directly by us, or by a third party billing company or other person or entity on our behalf or on behalf of another treatment provider. For example, we will share your PHI with a different ambulance service provider who has authority to bill for transporting you, where we provided emergency medical service to you, but the other ambulance service actually transported you.
- c. Health Care Operations. We may use or disclose PHI about you for health care operations. This includes using your PHI for purposes related to the operational aspects of our ambulance service, and, to a limited extent, to support the health care operations of other providers. An example of a health care operation disclosure is that we may forward your health information to our third party record manager for secure storage purposes.
- d. Contacting You Or Your Care Giver. We may contact you or your care giver for reasons including providing a reminder of a scheduled appointment for non-emergency ambulance transportation, or to inform you about alternative services we provide or other health-related benefits and services that may of interest to you.
- e. Individuals Involved With Your Care. If family members or friends are helping care for you or are on the scene of an emergency, or contact us immediately thereafter, we may release health information about you to those people. The information released may include your general health condition, such as the seriousness of your injury, and may include telling them the hospital or facility to which you have been transported. We will try to obtain your verbal consent prior to any such use or disclosure, but in certain circumstances we will make the

disclosure without your express permission when we are unable to obtain your agreement and we believe the disclosure serves your best interests.

- f. Business Associates. We may disclose your PHI to other persons or organizations known as business associates, as needed, so that they may provide services to us under contract. The law requires that we require our business associates to protect the medical information we provide to them. An example of a business associate is our third party billing company, who processes claims and submits bills on our behalf to financially responsible parties, including insurance companies.
- g. Public Health, FDA, Communicable Disease. We may disclose your PHI for public health activities and purposes to a public health authority that is permitted by law to collect or receive the information. The disclosure will be made for the purposes of preventing or controlling disease, injury, or disability, or for the purposes of conducting public health surveillance, public health investigations, and public health interventions.

We may also disclose your PHI, if directed by the public health authority, to a foreign government agency that is collaborating with the public health authority. We may also disclose your PHI to a person or company required by the Food and Drug Administration to report adverse events, biologic product deviations, product defects, or problems; to track products; to enable product recalls; to make repairs or replacements; or to conduct post marketing surveillance, as required.

We may also disclose your PHI, if authorized by law, to a person who may have been exposed to a communicable disease or may otherwise be at risk of contracting or spreading the disease or condition.

- h. Required By Law. We will disclose your PHI when required to do so by law, including court orders.
- i. Abuse or Neglect. We may disclose your PHI to a public health authority that is authorized by law to receive reports of abuse or neglect. In addition, we may disclose your PHI if we believe that you have been a victim of abuse, neglect, or domestic violence to the governmental entity or agency authorized to receive such information.
- j. Health Oversight. We may disclose PHI to a health oversight agency for activities authorized by law, including audits, investigations, and inspections; licensure or disciplinary actions; civil, administrative or criminal proceedings or actions; or other activities necessary for appropriate oversight of the health care system, government benefit programs, other government regulatory programs, and civil rights laws.
- k. Legal Proceedings: We may disclose PHI in the course of any judicial or administrative proceeding in response to an order of a court or administrative tribunal, and in certain conditions in response to a subpoena, discovery request, or other lawful process.
- l. Law Enforcement: We may use and disclose PHI for law enforcement purposes, including but not limited to the following: in response to legal proceedings; to identify or locate a suspect, fugitive, material witness or missing person; pertaining to a victim of a crime; pertaining to a death believed to be the result of criminal conduct; pertaining to crimes occurring on-site; and in emergency situations to report a crime, the location of a crime, or victims involved.
- m. Coroners and Funeral Directors: We may disclose PHI to a coroner or medical examiner for identification purposes, cause of death determinations, or for the coroner or medical examiner to perform other duties authorized by law.

We may also disclose PHI to funeral directors, as authorized by law, in order to carry out funeral-related duties. We may disclose such information in reasonable anticipation of death.

- n. Organ Donation: PHI may be used and disclosed to organ procurement organizations or other entities engaged in the procurement, banking, or transplantation of cadaveric organs, eyes, or tissue donation purposes.

- o. Research: We may disclose your PHI to researchers when their research has been approved by an institutional review board that has reviewed the research proposal and established protocols to ensure the privacy of your PHI.
- p. Public Safety: Consistent with applicable federal and state laws, we may disclose your PHI if we believe that the use or disclosure is necessary to prevent or lessen a serious and imminent threat to the health or safety of a person or the public. We may also disclose PHI if it is necessary for law enforcement authorities to identify or apprehend an individual.
- q. Military Activity, National Security, and Inmates: When the appropriate conditions apply, we may use or disclose PHI of individuals who are Armed Forces personnel for: (1) activities deemed necessary by appropriate military command authorities, (2) for the purpose of a determination by the Department of Veterans Affairs of your eligibility for benefits, or (3) to foreign military authority if you are a member of that foreign military services.

We may also disclose your PHI to authorized federal officials for conducting national security and intelligence activities, including the provision of protective services to the President or others legally authorized.

We may also use or disclose your PHI if you are an inmate of a correctional facility or under the custody of a law enforcement official, if such disclosure is necessary for your health care, the health and safety of you or another inmate or employee at the correctional facility, or other members of administration, transportation, or law enforcement involved with management while in custody.

- r. Workers' Compensation: We may disclose your PHI as authorized to comply with workers compensation laws and other similar legally established programs.

Under the law, we must make disclosures when required by the Secretary of the U.S. Department of Health and Human Services to investigate or determine our compliance with the requirements of 45 CFR, Title II, Section 164, et. seq.

PATIENT RIGHTS

You have several rights with regard to your PHI.

- a. Right to Request Restrictions. You have the right to request that we restrict how your health information is used or disclosed. We are not required to agree to the restrictions, but any written agreement on our part is binding on us. Your request must be in writing and must include (1) what information you want to limit; (2) whether you want to limit our use, disclosure, or both; and (3) to whom you want the limits to apply. If you want to request a restriction, you should contact the privacy officer listed at the end of this Notice.
- b. Right to Request Confidential Communications. You have the right to ask that we communicate your health information to you using alternative means or an alternative location. For example, you may wish to receive information about your health status in a special, private room or through a written letter sent to a private address. We will accommodate reasonable requests. If you would like to request a confidential communication, you should notify the personnel with whom you are speaking at the time, or, if you'd like to request a special mailing, you should make such request in writing to the privacy officer listed at the end of this Notice.
- c. Right to Access, Copy, or Inspect your PHI. This means you may come to our offices and inspect and/or obtain a copy of most of the medical information about you that we maintain. Any such request must be made in writing. We will normally provide you with access to this information within thirty days of your request. We may also charge you a reasonable fee to obtain a copy of any medical information that you have the right to access. In limited circumstances, we may deny you access to your medical information, and you may appeal certain types of denials.

We have available forms to request access to your PHI and we will provide a written response if we deny you access and let you know your appeal rights. If you wish to inspect and copy your medical information, you should contact the privacy officer listed at the end of this Notice.

- d. Right to Request to Correct or Amend your PHI. You have the right to ask us to amend written medical information that we may have about you. Such request must be made in writing and must include the requested correction or change and the reason for the requested correction or change. If we did not create the health information that you believe should be amended, or if we disagree with you and believe your health information is correct, we may deny your request. If we agree to your request, we will generally make the amendment within sixty days of the request and will notify you when we have amended the information. If you wish to request that we amend the medical information that we have about you, you should contact the privacy officer listed at the end of this Notice.
- e. Right to an Accounting of Disclosures. In some limited instances, you have the right to ask that we provide you with a list of the disclosures we have made of your PHI. All such requests must be made in writing. The disclosure must have been made after April 14, 2003, and no more than six years from the date of your request for an accounting. We are not required to give you an accounting of information we have used or disclosed for purposes of treatment, payment or health care operations, or when we share your health information with our business associates, such as our third party billing company or a medical facility from/to which we have transported you. In addition we will not include in the accounting disclosures made for national security, to law enforcement/corrections regarding inmates, and/or disclosures authorized by you or your legal representative. If you wish to request an accounting of the PHI about you that we have used or disclosed, and that is not exempted from the accounting requirement, you should contact the privacy officer listed at the end of this Notice.
- f. Right to a Paper Copy of this Notice. You have the right to a paper copy of this Notice. You may obtain a paper copy of the Notice at the City Clerk's Office at 555 South 10th Street, Lincoln, NE 68508, or at any Lincoln Fire Station. Upon your request, we will provide you with an e-mail copy of the Notice, or will mail you a copy through regular U.S. Mail. You may also read the current Notice of Privacy Practices on the Internet (www.ci.lincoln.ne.us).
- g. Complaints. If you believe your privacy rights have been violated, you may file a complaint with us and/or with the federal Department of Health and Human Services. We will not retaliate against you for filing such a complaint. If you wish to file a complaint with us, you may do so, in writing, and shall file it with the privacy officer listed at the end of this Notice.

If you have any questions or concerns regarding your privacy rights, the information in this notice, or if you wish to file a complaint or exercise any other rights listed in this Notice, please contact:

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